

# PERSONAL DECLARATION HCV KOSCIUSKO COUNTY WARSAW HOUSING AUTHORITY

## For PHA Use Only

Preference \_\_\_\_\_ Eligible \_\_\_\_\_ Initials \_\_\_\_\_  
Score \_\_\_\_\_ Voucher Size \_\_\_\_\_ Date/ Time \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING HOUSEHOLD INFORMATION. IF A SUBJECT DOES NOT APPLY TO YOU, PLEASE ENTER N/A (not applicable). THIS FORM MUST BE FILLED OUT COMPLETELY. PLEASE USE INK AND PLEASE PRINT.**

**I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME, LISTING HEAD OF HOUSEHOLD FIRST.**

ADULT (FULL LEGAL NAME)	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	(M) Married (SP) Separated (D) Divorced (S) Single	ETHNICITY /RACE (H) Hispanic (NH) Non-Hispanic (W) White (A) Asian (B) (AA) Black/African American (AI) American Indian Other (Specify)
1.			HEAD			/
2.						/
3.						/

CHILDREN (FULL LEGAL NAME)	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ABSENT PARENT NAME AND ADDRESS IF APPLICABLE
1.					
2.					
3.					
4.					
5.					

CURRENT ADDRESS:	MAILING ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
HOME PHONE:	WORK PHONE:

## II: PREFERENCE CATEGORIES

ANSWER EACH QUESTION	YES	NO
RESIDENCY: Are you currently working or living or will be working in Indiana?		
HOMELESS: Are you currently homeless?		
DOMESTIC: (VAWA) Currently a victim of Domestic Violence, Dating Violence or Stalking?		
HOMELESS PREVENTION: Will you be release from an institution, or being emancipated from foster care?		
DISABLED: Are you defined as disabled?		

\* If you answered yes to any of the above, please request verification forms.

## III. GENERAL INFORMATION

LIST THE NAME, ADDRESS AND PHONE NUMBER OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE:	PHONE:

ANSWER EACH QUESTION	YES	NO	COMMENTS
1. DO YOU PAY FOR CHILDCARE EXPENSES? IF YES, PROVIDER AND AMOUNT PAID WEEKLY:			
2. DOES ANOTHER PERSON OR AGENCY HELP YOU PAY YOUR CHILDCARE EXPENSES? IF YES, PROVIDER & WEEKLY AMOUNT?			
3. ARE YOU CURRENTLY PAYING MEDICAL EXPENSES NOT COVERED BY INSURANCE?			
4. ARE YOU CURRENTLY ATTENDING SCHOOL OR TRAINING CLASSES?			
5. IF YES: DO YOU RECEIVE GRANTS OR FINANCIAL AID?			
6. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD HELP PAY BILLS, GIVE YOU MONEY OR PROVIDE FOR YOUR LIVING EXPENSES?			
7. HAS ANY MEMBER OF THE HOUSEHOLD EVER RECEIVED ASSISTANCE FROM AN AGENCY OR HOUSING AUTHORITY FOR RENT AND UTILITIES? IF YES, DATE AND AGENCY			
8. HAS ANY MEMBER OF THE HOUSEHOLD EVER COMMITTED ANY FRAUD, MISREPRESENTED INFORMATION IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN ASKED TO REPAY MONEY FOR ANY REASON?			

### III. TOTAL HOUSEHOLD INCOME:

LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY DISABILITY PAYMENTS (SSI), WORKERS' COMPENSATION, RETIREMENT BENEFITS, AFDC, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS, INCOME FROM BANK ACCOUNTS, ALIMONY, AND ALL OTHER SOURCES.

NAME OF HOUSEHOLD MEMBER THAT IS RECEIVING INCOME	SOURCE OF INCOME (INDICATE WHERE THE INCOME COMES FROM, I.E. EMPLOYMENT, SS, SSI, CASH, CHILD SUPPORT, TANF, PENSION ETC.)	AMOUNT RECEIVED FROM SOURCE OF INCOME	INDICATE IF AMOUNT IS RECEIVED WEEKLY, BI-MONTHLY, OR ANNUALLY

**ASSETS: ASSETS HELD BY ALL HOUSEHOLD MEMBERS MUST DISCLOSED:**

**DO YOU OR ANY HOUSEHOLD MEMBERS HOLD OR JOINTLY HOLD ANY OF THE FOLLOWING?**

	YES	NO	ACCOUNT NUMBER	BANK/COMPANY
SAVINGS ACCOUNT				
SAVINGS ACCOUNT				
CHECKING ACCOUNT				
CHECKING ACCOUNT				
LIFE INSURANCE				
STOCKS / BONDS IRA(S)				
RETIREMENT FUNDS(S)				

**DO YOU OR ANY HOUSEHOLD MEMBER OWN OR FINANCE A VEHICLE? ( ) YES ( ) NO**

MODEL/YEAR:	LICENSE NUMBER:

#### IV. PUBLIC RECORD

HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN OR CONVICTED OF ANY CRIME?

IF YES, WHAT CRIME, EXPLAIN: \_\_\_\_\_

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ANSWER EACH QUESTION	YES	NO
1. I AM A CITIZEN OF THE UNITED STATES		
2. IF NO, I CAN SUPPLY ELIGIBLE IMMIGRANT STATUS		
3. INDICATE TOTAL NUMBER OF HOUSEHOLD MEMBERS WHO ARE UNITED STATES CITIZENS:		

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN INCOME, ASSETS, ALLOWANCES AND DEDUCTIONS, AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS, MUST BE REPORTED IN WRITING TO THE HOUSING AUTHORITY WITHIN 10 DAYS OF OCCURRENCE. FURTHERMORE, I UNDERSTAND THAT ANY FALSE OR FRAUDULENT STATEMENTS OR WILLFUL OMISSIONS OF INFORMATION MAY BE REGARDED AS WILLFUL MISREPRESENTATION AND MAY RESULT IN THE DENIAL OR TERMINATION OF MY RENTAL ASSISTANCE.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

SIGNATURE OF HEAD OF HOUSEHOLD:	DATE:
SIGNATURE OF SPOUSE	DATE:
SIGNATURE OF OTHER ADULT:	DATE:
SIGNATURE OF OTHER ADULT:	DATE:

Your household composition and income will be verified when your name reaches the top of the waiting list. If verifications cannot be obtained, you may be determined not eligible, and your name will be removed from the waiting list. Those not providing requested verifications for preference status will not be given preference. This Preliminary application is an information sheet and does not constitute any commitment by Warsaw Housing Authority for rental assistance or formal correspondence. If funds are not available for assistance, you pre-application will be kept on file and considered for assistance when funds become available and according to program selection criteria. In order to keep your application current, please notify this office, in writing, to report any changes in mailing address or household composition.

